



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Houtzager et al.

Serial No.: 09/882,621

Filed: June 15, 2001

For: CHIMAERIC PHAGES

Confirmation No.: 8472

Examiner: M. Hill, Ph.D.

Group Art Unit: 1648

Attorney Docket No.: 2578-4957US  
(066 US P00 PRI)

CERTIFICATE OF MAILING

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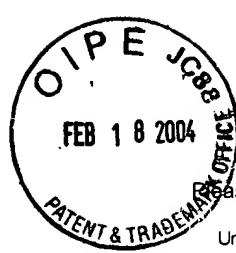
Commissioner for Patents  
PO Box 1450  
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Sir:

The following remarks are responsive to the Office Action mailed December 16, 2003.

**Listing of the Claims** begins on page 2 of this paper.

**Remarks** begin on page 11 of this paper.



AP/1648

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/882,621
Filing Date	June 15, 2001
First Named Inventor	Houtzager et al.
Group Art Unit	1648
Examiner Name	M. Hill
Attorney Docket Number	2578-4957US

### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Postcard receipt acknowledgment (attached to the front of this transmittal) <input checked="" type="checkbox"/> Duplicate copy of this transmittal sheet in the event that additional filing fees are required under 37 C.F.R. § 1.16 <input type="checkbox"/> Preliminary Amendment <input type="checkbox"/> Response to Restriction Requirement/Election of Species Requirement dated <input checked="" type="checkbox"/> Response to final office action dated December 16, 2003 <input type="checkbox"/> Amendment under 37 C.F.R. § 1.116 in response to final office action dated <input type="checkbox"/> Additional claims fee - Check No. in the amount of \$ <input type="checkbox"/> Letter to Chief Draftsman and copy of FIGS. with changes made in red <input type="checkbox"/> Transmittal of Formal Drawings <input type="checkbox"/> Formal Drawings ( sheets)	<input type="checkbox"/> Information Disclosure Statement, PTO/SB/08A; <input type="checkbox"/> copy of cited references <input type="checkbox"/> Supplemental Information Disclosure Statement; PTO/SB/08A; copy of cited references and Check No. in the amount of \$180.00 <input type="checkbox"/> Associate Power of Attorney <input type="checkbox"/> Petition for Extension of Time and Check No. in the amount of \$ <input type="checkbox"/> Petition <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Other Enclosure(s) (please identify below):
	Remarks	The Commissioner is authorized to charge any additional fees required but not submitted with any document or request requiring fee payment under 37 C.F.R. §§ 1.16 and 1.17 to Deposit Account 20-1469 during pendency of this application.

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Krista Weber Powell	Registration No. 47,867
Signature		
Date	February 13, 2004	

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